

1.) CORPORATION NAME:

HISTORIC BOYDTON'S RENAISSANCE, INC.

DUE DATE: **6/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**WALTER R BEALES III
PO BOX 239
BOYDTON, VA 23917**

SCC ID NO: **05602974**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

MECKLENBURG COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 531

CITY/ST/ZIP: BOYDTON, VA 23917

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	BILL THOMPSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	496 COUNTRY WAY		
CITY/ST/ZIP/CO:	CHASE CITY, VA 23924		
NAME:	WALTER R BEALES	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	PO BOX 239		
CITY/ST/ZIP/CO:	BOYDTON, VA 23917		
NAME:	MICHAEL FARROW	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	98 FINCH LN		
CITY/ST/ZIP/CO:	BOYDTON, VA 23917		
NAME:	WILL OBER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PES		
ADDRESS:	832 JEFFERSON ST		
CITY/ST/ZIP/CO:	Boydton, VA 23917		
NAME:	Pamela Gifford	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	PO Box 429		
CITY/ST/ZIP/CO:	Boydton, VA 23917		
NAME:	Joshua Hatchell	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	PO Box 7		
CITY/ST/ZIP/CO:	BOYDTON, VA 23917		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Gerald Wrenn DIRECTOR 58 Decatur Street BOYDTON, VA 23917	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	E. E. Coleman, Jr. DIRECTOR PO Box 401 Boydton, VA 23917	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Charles Rouse DIRECTOR 579 Washington Street Boydton, VA 23917	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Mildred Winn DIRECTOR PO Box 221 Boydton, VA 23917	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Virginia Anne Broyles DIRECTOR PO Box 328 Boydton, VA 23917	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	William H. Coleman DIRECTOR PO Box 344 Boydton, VA 23917	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Carol Wrenn DIRECTOR 58 Decatur Street Boydton, VA 23917	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Enid Califf-Young DIRECTOR 23297 Highway 58 Boydton, VA 23917	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ Pamela Gifford	Pamela Gifford, TREASURER	6/21/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.